

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034609

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 129

**FILED SEP 24 1962**

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ironton</b>		c. CITY OR TOWN <b>Webster Groves</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Mary's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>602 Bonita</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>JAMES MALCOLM KURN O'FALLON</b>		4. DATE OF DEATH Month <b>Sept</b> Day <b>17</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH (last birthday) <b>27 Sep 1926</b> AGE (last birthday) <b>36</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>International Shoe</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
13a. FATHER'S NAME <b>William G. O'Fallon</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Spencer</b>	14. NAME OF HUSBAND OR WIFE <b>Barbara Wolf O'Fallon</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes WW2, Korea</b>		16. SOCIAL SECURITY NO. <b>602 Bonita</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Captured Spleen Ruptured</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fever - Torn Arteries</b> DUE TO (c) <b>16 hours</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>7</b> a.m. <b>9-16-62</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>2 Farm</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo.</b>	
21. I attended the deceased from Death occurred at <b>7 P.M. 9-16-62</b> on the date stated above, and to the best of my knowledge, from the causes stated.		21. I attended the deceased from Death occurred at <b>1 P.M. 9-17-62</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>George W. Jones</b>	22b. ADDRESS <b>St. Louis, Mo.</b>	22c. DATE SIGNED <b>9-21-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>19 Sep 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>
24. FUNERAL DIRECTOR <b>Alexander and Sons</b>		25. DATE RECD. BY LOCAL REG. <b>9-21-62</b>	
26. REGISTRAR'S SIGNATURE <b>6175 Delmar Blvd, St. Louis, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Aris Jones</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

8

1-27-1926

9-27-26

10-11-62

DATE AMENDED

DOCUMENT

BY: AFFIDAVIT OF Funeral Director

Permit obtained 9-20-62

SEP 27 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jos. E McCallister*

Licensed Embalmer No. 2760

P. O. Address 11758 Pellmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.